

RSS NO. _____

APO NO. _____

REQUEST FOR RESEARCH SUPPORT (SHARED) SERVICES AT NCI-FCRDC

Part A (To be completed by Requestor.)

Date: _____

Requestor: _____ Telephone No.: _____

Institute: _____ Division: _____ Lab/Section: _____

Building: _____ Room: _____

Administrative Officer: _____

Building: _____ Room: _____ Telephone No.: _____

Part B: Brief Description of Service(s) (attach detailed description as needed):

(To be completed by Requestor or Shared Service Manager. A separate form needs to be completed for each Shared Service requested.)

Estimated cost of service: _____

FCRDC laboratory providing the service: _____

***Part C: BUDGET APPROVAL** (To be completed by Administrative Officer.)

Budget for Core Support Services: \$ _____

Management Support Allocation (if applicable): \$ _____

Total authorized budget: \$ _____

Establish budget in new FCRDC Center No.: _____

Increase current budget in FCRDC Center No.: _____

***Part D: FUNDING** (To be completed by Administrative Officer.)

_____ Sufficient funds currently exist in the FCRDC contract to cover work estimated.

_____ Add funds to contract to cover budget allocation above in the amount of:

\$ _____ under CAN Number: _____

Administrative Officer approval: _____ Date: _____

RETURN COMPLETED FORM TO:

Dr. Jeffery G. Derge

Head, Office of Research Administration

NCI-FCRDC, Building 428, Room 61

Frederick, MD 21702-1201

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*Address budgetary/financial questions to Ms. Robbie Smith at (301) 846-5166.